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	Eorm A	LEGISLATIVE RESOURCE CENTER
UNITED STATES HOUSE OF REPRESENTATIVES 2017 FINANCIAL DISCLOSURE STATEMENT	For Use by Member	
		U.S. HUUSE OF REPRESENTATIVES
Name: Douglas L, Lamborn	Daytime Telephone: 202-225 -4422	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
FILER Member of the U.S. State: STATUS House of Representatives District:	Officer or Employing Office:	ffice: Staff Filer Type: (If Applicable) Shared Principal Assistant
REPORT 2017 Annual (Due: May 15, 2018)	Amendment Termination Date of Ten	Termination Date of Termination:
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	HESE QUESTIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? 	Yes No F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	ortable agreement or arrangement with an reporting period or in the current calendar Yes No No No in the current calendar
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	Yes No G. Did you, your spouse, or your depend reportable gift(s) totaling more than \$390 source during the reporting period?	, or your dependent child receive any more than \$390 in value from a single Yes No No ing period?
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes No H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period?	or your dependent child receive any ursements for travel totaling more than the source during the reporting period?
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes No I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	a donation to charity in Yes No X
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	E CO	RRESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDEN	DEPENDENT, OR TRUST INFORMATION - ANSWER EAC	- ANSWER EACH OF THESE QUESTIONS
IPO - Did you purchase any shares that were allocated as a part of an initial Public Offering during the reporting period? If you ansu	al Public Offering during the reporting period? If you answered "yes" to the	wered "yes" to this question, please contact Yes No 🔯
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need this report details of such a trust that benefits you, your spouse, or dependent child?		not be disclosed. Have you excluded from Yes
EXEMPTION Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	rned" income, transactions, or liabilities of a spouse or your dependent clitted with the Committee on Ethics.	ld because they meet all Yes No X

SCHEDULE A -- ASSETS & "UNEARNED INCOME"

Name: Donglas L. Lamborn Page 2

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٦		- 1	~	<u> </u>	5	3	T	E	1	For a detailed discussion of Schedule requirements, please refer to the instruction booklet	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with enyone (JT), in the optional column on the far left.	If you report a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second formes and vecation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from a federal retirement program, including the Thirth Savings Plan.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	For rental and other real property held for investment, provide a complete address or description, e.g., rental property, and a city and state.	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use only ticker symbols)	exceeding \$1,000 at the end of the reporting behad, and (b) any other reportable asset or source of income that generated more than \$200 in "uneamed" income during the year.	identify (a) each asset held for investment or production of income and with a fair market value	≽	
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:	
Douglas	
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Lamborn	
born	

Page 7 of 12

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SCHEDULE B - TRANSACTIONS

Name: Douglas L, Lamborn Page 8

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SCHEDULE B - TRANSACTIONS

Name: Dongles L. Lemborn

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SCHEDULE C - EARNED INCOME

Name: Dougles L. Lamborn

Page 10 of [2

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

							Lamborn for Congress	Ontario County Board of Education	Examples: State of Mayland	Keene State	Source (include date of receipt for honoraria)
					and compliance	for bookkering	Spouse hourly tee	Spouse Salary	Legislative Pension	Approved Teaching Fee	Туре
							N/A	N/A	\$18,000 \$1,000	\$6,000	Amount

SCHEDULE D - LIABILITIES

Name: Donglas L. Lamborn

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child

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				Scottrade	Example Fi			
					First Bank of Wilmington, DE	Creditor		
				5/11	5/15	Date Liability Incurred MO/YR		
			C	Maran ect.	Mortgage on Rental Property, Dover, DE	Type of Liability		
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

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			Name of Organization	1010 H (H) CHISTON, COCKET, HAVE THE COLOR OF THE COLOR O

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Page (2 of 12

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$390 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

the filer. EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to

ine mer.						
	Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
	GOVERNMENT OF CHINA (MECEA)	Aug 8-11	DC-Belling, China-DC	Υ	Υ	N
Examples:	Habitat for Humanity (charity fundrauser)	Mar. 3-4	DC-Boston-DC	Υ	~	Y
9 ML	The German Marshall Fund	7.6, (7-23	p, < - Berly - D, <,	7	۲	7
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